



LONG ACTING NARCOTICS PA SUMMARY

PREFERRED	Butrans, Generic Fentanyl Patch, Kadian (10, 20, 30, 50, 60, 100mg), Morphine Sulfate SA tab
NON-PREFERRED	Avinza, Exalgo, Hydromorphone ER generic, Kadian (40, 70, 80, 130, 150, 200mg), Morphine Sulfate ER caps (generic Avinza, generic Kadian), Nucynta ER, Opana ER (brand), OxyContin, Oxymorphone ER (generic), Xartemis XR (listed in Short Acting Narcotic PA criteria), Zohydro ER

LENGTH OF AUTHORIZATION: 1 Year or less depending on diagnosis

NOTES:

- ❖ All current Avinza users were grandfathered at the time of initiation of this PA criteria. If morphine sulfate ER 80mg caps are approved, the PA will be issued for the brand-name product, Kadian. For other strengths of morphine sulfate ER (generic for Kadian), the PA will be issued for the generic, if approved. If morphine sulfate ER caps (generic for Avinza) are approved, the PA will be issued for brand-name Avinza. If generic oxymorphone ER is approved, the PA will be issued for brand-name Opana ER. If generic hydromorphone ER is approved, the PA will be issued for brand-name Exalgo.
- ❖ Long-acting narcotics will hit a PA edit for concurrent therapy with Suboxone or buprenorphine that has been dispensed within the last 7 days.
- ❖ Although Xartemis XR is a long-acting narcotic, it is listed in the Short Acting Narcotic PA criteria since it is indicated for severe, acute pain.

PA CRITERIA:

Avinza (brand and generic morphine ER) and Exalgo (brand and generic hydromorphone ER)

- ❖ Approvable for the diagnoses of cancer, HIV, or sickle cell anemia
- ❖ Approvable for moderate-to-severe chronic non-malignant pain in members who have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to all preferred products

Kadian 80mg (brand and generic morphine sulfate ER 80mg), 40mg, 70mg, 130mg, 150mg, and 200mg

- ❖ Non-preferred strengths of Kadian require a written letter of medical necessity stating the reasons the preferred strengths are not appropriate for the member.

Morphine Sulfate ER (generic Kadian, all strengths except 80mg which is listed above)

- ❖ Morphine Sulfate ER capsules (generic Kadian, other than 80mg) requires a written letter of medical necessity stating the reason(s) the preferred strengths of Kadian, in addition to generic morphine sulfate SA tabs and fentanyl patch, are not appropriate for the member.



For Nucynta ER (extended-release)

- ❖ Approvable for the diagnoses of cancer, HIV, or sickle cell anemia in members 18 years or older
- ❖ Approvable for the diagnosis of moderate to severe chronic non-malignant pain in members 18 years or older

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to ALL the preferred long-acting narcotic products (Kadian, Morphine Sulfate SA, Fentanyl Patch/Duragesic).
- ❖ Also, approvable for the diagnosis of neuropathic pain associated with diabetic peripheral neuropathy (DPN) in members 18 years or older who require continuous opioid analgesia for an extended period of time.

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Lyrica, an antidepressant (amitriptyline, duloxetine, or venlafaxine), and morphine sulfate.

For Opana ER (brand and generic oxymorphone ER)

- ❖ Approvable for the diagnoses of cancer, HIV, or sickle cell anemia
- ❖ Approvable for the diagnosis of moderate to severe chronic pain

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to ALL the preferred long-acting narcotic products (Kadian, Morphine Sulfate SA, Fentanyl Patch/Duragesic) as well as Oxycontin (non-preferred). Member must also sign a chronic opioid treatment plan or the prescriber must be a board certified pain management specialist.

OxyContin

- ❖ Approvable for the diagnoses of cancer, HIV, or sickle cell anemia
- ❖ Approvable for moderate to severe chronic non-malignant pain; Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to all preferred products. Member must also sign a chronic opioid treatment plan or the prescriber must be a board certified pain management specialist.
- ❖ Requests for Oxycontin ER 60mg, 80mg, a single dose greater than 40mg, or a total daily dose greater than 80mg may be approvable for members with a tolerance to high doses of opioids.

Concurrent Therapy with Suboxone or Buprenorphine

- ❖ Concurrent therapy of Suboxone or buprenorphine with long-acting narcotics requires the prescriber to submit a written letter of medical necessity stating the reason(s) that concurrent therapy is necessary.

Zohydro ER

- ❖ Approvable for the diagnoses of cancer, HIV, or sickle cell anemia
- ❖ Approvable for the diagnosis of moderate to severe chronic non-malignant pain



AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to ALL the preferred long-acting narcotic products (Kadian, Morphine Sulfate SA, Fentanyl Patch/Duragesic) as well as the following non-preferred products: Exalgo, Nucynta ER, brand-name Opana ER, and Oxycontin.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.